



DEPARTMENT OF THE NAVY
NAVAL DENTAL CENTER SOUTHWEST
2310 CRAVEN ST.
SAN DIEGO, CALIFORNIA 92136-5596

NDCSWINST 6630.1F
03ADL
2 Sep 03

NAVDENCEN SOUTHWEST INSTRUCTION 6630.1F

Subj: PROCEDURES FOR UTILIZATION OF AREA DENTAL LABORATORY (ADL)

Ref: (a) BUMEDINST 6615.23 dtd 9 Dec 96
(b) DoDINST 6015.22 dtd 12 May 92

Encl: (1) Area Dental Laboratory Case Submission Standards

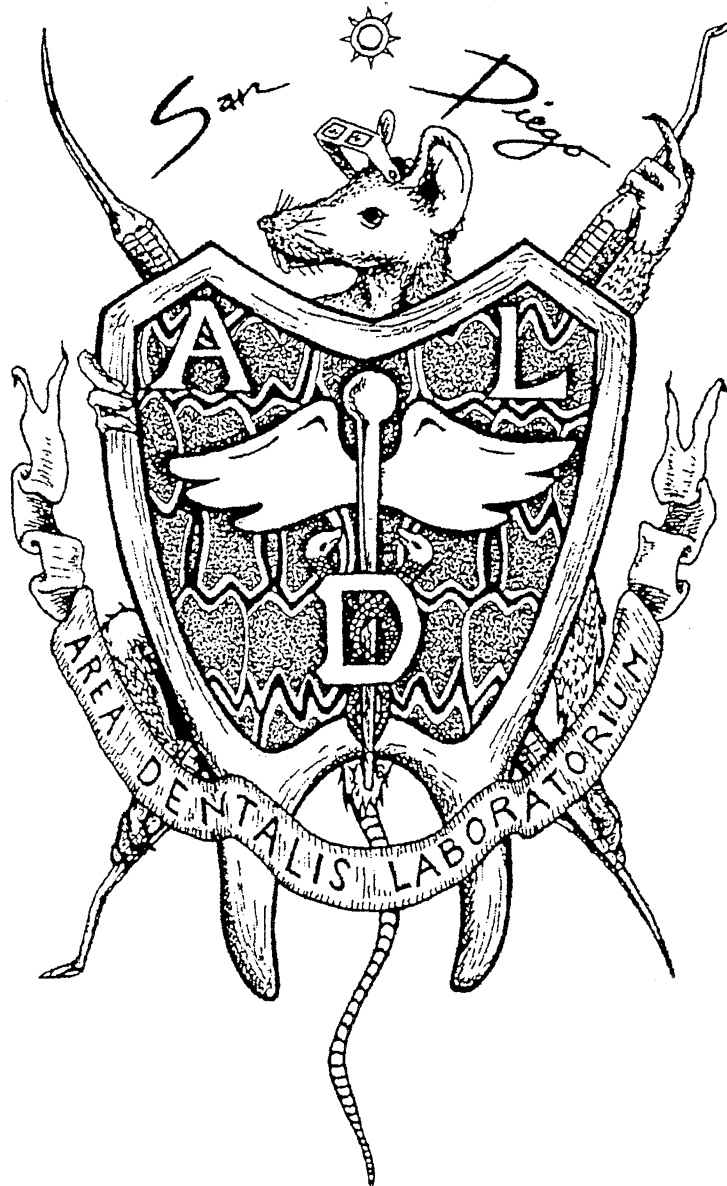
1. Purpose. To provide guidance on obtaining approval for utilization of services of the Area Dental Laboratory (ADL), Naval Dental Center Southwest. Enclosure (1) is a complete revision and should be read in its entirety.
2. Cancellation. NAVDENCENS DIEGOINST 6630.1E.
3. Background. The mission of the ADL is to fabricate prosthodontic restorations as prescribed by the requesting dentist of the highest possible quality in a timely manner. The responsibility for providing such service is shared by both the dentist and the laboratory technician. Each has the right to expect the other to do his or her part competently and the obligation to demand quality from the other, which will ensure the best possible outcome for the patient. The ADL offers consultation, training, laboratory supply information, and is a Quality Assurance/Risk Management Program Control Point.
4. Authorization for Services. References (a) and (b) delineate which customers are authorized utilization of military dental laboratories. Additionally, the Dental Laboratory Submission Guide promulgates laboratory standards and is the basis for enhancing communication with the dental providers.
5. Action. The Director, ADL, Naval Dental Center Southwest shall post a Submission Standards Guide on the Command's internet web site for use by activities utilizing ADL. The Director will ensure the accuracy of the guide with periodic revisions and distributions. All inquiries concerning the ADL should be addressed to the Director, Area Dental Laboratory.


J. W. KIRBY

Distribution:
List 1, Case 1, 2

NDCSWINST 6630.1F
03ADL
02 September 2003

**AREA DENTAL LABORATORY
NAVAL DENTAL CENTER SOUTHWEST**



**CASE SUBMISSION
STANDARDS**

Enclosure (1)

| |
|---|
| <p style="text-align: center;">AREA DENTAL LABORATORY (ADL) NAVAL DENTAL CENTER SOUTHWEST (NDCSW) CASE SUBMISSION STANDARDS SEPTEMBER 2003</p> |
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SECTION A

I. GENERAL ADMINISTRATIVE INFORMATION

A. The Director

Supervises and is responsible for the overall operation of the ADL.

B. Customer Base

1. Any dental provider (military or civilian dentist/dental specialist), who is assigned to a Department of Defense dental treatment or healthcare facility and who submits a Dental Laboratory Work Authorization (DD Form 2322) to the ADL. Dentists must be credentialed for the treatment being rendered.
2. All dental providers will become familiar with and adhere to these published standards whenever submitting cases to the ADL.

C. Purpose of Publication

1. To facilitate the delivery of quality dental care in a timely manner to our beneficiaries. It is intended to enhance communication between the dental provider and the ADL.
2. The ADL is committed to providing the best support to our customers. The practice of restorative dentistry and laboratory technology is demanding and requires a team effort. Our ultimate goal is to provide the highest quality dental treatment to our beneficiaries. Adherence to the dental laboratory submission standards, and other pertinent information published by the ADL will facilitate the achievement of this goal.

D. Services Provided

1. Fabrication of prosthetic restorations as annotated on the ADL website link entitled ADL PRODUCT LINE/ MATERIALS/MANUFACTURERS REFERENCE
2. Publish User Information that is updated monthly on the website regarding Turnaround Times, Quality Control and current trends requiring heightened awareness.
3. Consultation services as to laboratory processes, products, equipment and materials.
4. Training to consist of biennial ADL Updates and alternating biennial Implant Updates. Refer to NDCSW's Continuing Education (CE) website or ADL link for further information.

E. DD Form 2322 Dental Laboratory Work Authorization

1. All applicable portions must be completed in ink in a legible, concise manner.
2. Block 2 should include the complete name and address of your Dental Treatment Facility. An e-mail address and DSN number should also be included.
3. Information relating to prosthesis fabrication needs to be specific and clear in Blocks 15 and 26.
4. Block 27 and 28 must be legibly completed and signed by dental provider.
5. Two copies are required for all cases (original and one carbon copy).
6. A new DD Form 2322 must be submitted for each work request. This will eliminate confusion.

F. "Rush/Priority" Cases

The date a case is received and the level of complexity of a case will usually determine the priority/turnaround time assigned to each case. Requests for "Rush/Priority" services must be in accordance with the ADL's Policy (page 9). If at all possible, a case that the requesting provider already has in progress in the ADL will be delayed, and annotated as such, in an effort to accommodate this request. All requests of this nature will be documented and reviewed.

I. GENERAL ADMINISTRATIVE INFORMATION (continued)

G. Packing and Shipping Procedures

Refer to the link in the ADL website and contact the ADL's Case Control Manager as listed on the website under Staff Directory.

H. Case Status

If an individual case exceeds average turnaround times that are reported monthly, do not hesitate to contact the ADL's Case Control Manager.

I. Case Assignment

Cases are assigned to individual laboratory technicians based upon their skill level, their current workload and the complexity of the case. The ADL cannot, and will not, guarantee requests for specific technicians to perform work.

J. Quality Control Surveys and Comments

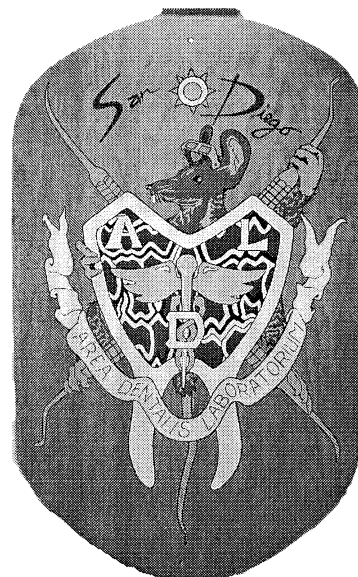
Quality Control Surveys specific to the final prosthesis are forwarded with each completed case. Upon receipt of case, it is the responsibility of the dentist to review the survey for laboratory technician comments pertaining to the case. Prior to delivery appointment, final prosthesis should be critically evaluated for acceptability. Immediately after delivery, survey should be completed and returned to the ADL as soon as possible. The ADL is striving for constant improvement. Quality Control Surveys are the primary mechanism of feedback regarding the delivery rate and quality of our product and services. All returned surveys are reviewed, used to analyze trends and to provide for technical guidance and training. Surveys are ultimately forwarded to the individual laboratory technician.

K. NDCSW Command Web Site

This document and other pertinent information regarding the utilization of the services provided by the ADL may also be located by accessing one of the following web sites:

NDCSW Staff only <<https://ndcsw-intranet.med.navy.mil>>

All Others <<http://ndcsouthwest.med.navy.mil>>



SECTION B

I. FIXED PROSTHODONTIC WORK AUTHORIZATIONS/CASE INFORMATION

A. GENERAL SUBMISSION CHECKLIST FOR FIXED PROSTHESES

1. DD Form 2322 Dental Laboratory Work Authorization

- Are desired materials adequately described and in congruence with the ADL's current Product Line/Materials/Manufacturers Reference?
- Is form signed with provider's signature and all appropriate blocks filled out in accordance with aforementioned guidelines?
- Is the original DD Form 2322 and one carbon copy included?

2. Impressions/Casts

- Was appropriate impression technique used for planned restoration and intraoral location?
- Were impressions accurate reproductions and adequate for prosthetic restoration requested?
- Are casts dense, stable and poured in appropriate stone?
- Are casts properly trimmed, not tapered?
- Have all stone nodules been removed, especially from the occlusal surfaces?
- Is the final master impression included and separated from all casts?
- Is a second pour (solid non-pindexed cast) included and identified as such?
- Are both patient and provider's last names on the rear lateral wall on the base of each cast?

3. Dies

- Are pindexed dies easily removed, stable and completely seated?
- Can the base of the die be visualized to ensure complete seating?
- Are dies trimmed properly with visible, uninterrupted margins that are not deeply undercut?
- Are undercuts and defects blocked out?
- Was die spacer placed without covering margins?
- Were margins accurately marked with wax pencil prior to placing die hardener over margin?

Refer to Peterson Area Dental Laboratory Submission Standards, Attachment 1, "The Pindex Method of Dowel Pin Removable Dies" (website address: www.peterson.af.mil/adl/)

4. Maxillo-Mandibular Relationship

Review materials reference as to articulation systems utilized by the ADL.

- Is there a means of accurately relating maxillary and mandibular casts to one another?
- If casts can be hand articulated, are vertical marks drawn to communicate this relationship?
- When the casts are together, are they free from interferences such as heels touching or stone nodules on the occlusal surfaces?
- If casts cannot be hand articulated, was a rigid, appropriately trimmed, interocclusal record or stable record base(s) utilized/enclosed?
- If semi-adjustable articulator is used, are both casts properly indexed and attached to the mounting plates, with legible condylar settings written on both the DD Form 2322 and the plaster?
- Is semi-adjustable articulator included if other than current system used in the ADL?

A. GENERAL SUBMISSION CHECKLIST FOR FIXED PROSTHESES (continued)

5. Esthetic Considerations

It is the professional responsibility of the requesting dentist to provide esthetic guidance.

This critical area should never be delegated to a laboratory technician.

Are shade guides consistent with esthetic materials used by the ADL? Are specific instructions as to internal and/or external color characteristics included?

The ADL technicians will select a shade on difficult cases by appointment.

Is desired metal-ceramic design adequately described? Does description include such things as pontic design, porcelain metal junction, location, type of margin, occlusal table design and other characteristics (such as diastema closure)?

Did you utilize the ADL's PFM Design Options (page 10) when making your selection(s) and/or include a copy of the Design Options with DD Form 2322?

Is adequate guidance provided to lab technician for complex cases? Useful information to include: preoperative cast, diagnostic wax-up, color photographs. Also, midline, incisal length, horizontal/vertical overlap, custom anterior guide table, and/or proposed spacing of final prosthesis(es)?

6. Disinfection Procedures

Have all casts and enclosures been disinfected properly and annotated as such according to OSHA and ADA guidelines?

Failure to comply with above will lead to automatic rejection of case.

B. SPECIAL SITUATION SUBMISSION CHECKLIST FOR FIXED CASES

1. Surveyed Crowns

Significant diagnosis and treatment planning should be accomplished prior to tooth preparation.

Did you provide a tripoded diagnostic design cast and a design drawing of the RPD in Block 15 DD Form 2322?

Did you prepare all RPD rest preparations and guiding planes prior to or in conjunction with retainer preparation? *Strongly recommended.*

Did you prepare the tooth with the path of RPD insertion/withdrawal in mind? Did you reduce enough for placement of adequate rest seats?

Did final impression capture both fixed and removable preparations?

Cases requiring surveyed units must be tripoded on the "prepped" (pindexed) full arch master cast. Indicate rest, guide plane, depth and location of undercut and type of retainer in description/design. (RPD Grid page 11)

2. Resin Bonded FPD

Did you submit a surveyed and designed diagnostic cast?

Did you submit (non-pindexed) a solid full arch master cast?

Did you submit the final impression?

3. Veneers

Did you submit a pindexed and solid master cast along with the final impression?

4. Implant Retained/Supported Prostheses

Dental providers must be credentialed in implant restorations. It is the responsibility of the requesting dentist to provide all restorative components/parts for the case.

C. PREPARATION GUIDELINES/MATERIAL SELECTION

It is the professional obligation of providers to have a working knowledge of materials and preparation guidelines associated with their use. Information above can be found in current fixed prosthodontic textbooks or can be attained from the manufacturers.

SECTION C

I. REMOVABLE PROSTHODONTIC WORK AUTHORIZATIONS/CASE INFORMATION

A. SPECIFIC SUBMISSION CHECKLIST FOR RPD FRAMEWORKS

1. DD Form 2322 Dental Laboratory Work Authorization/RPD Grid Diagram

Are desired materials adequately described and in congruence with current Product Line/Materials/Manufacturers Reference?

Is form signed with provider's signature and all appropriate blocks filled out in accordance with aforementioned guidelines? Is desired design adequately drawn/described in Blocks 15/26?

Did you fill out and enclose RPD GRID Diagram (page 11) with the case?

Is the original DD Form 2322 and one carbon copy included?

2. Diagnostic Casts

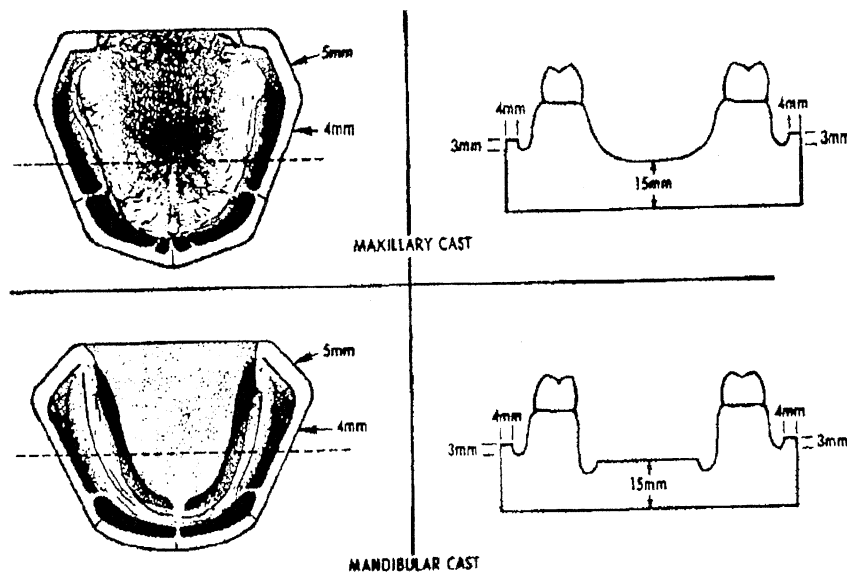
Is a design drawn on the surveyed (tripoded) diagnostic cast that is consistent with all written (grid) instructions and the design drawn in Block 15 of DD Form 2322?

3. Master Casts

Are they dense, stable and poured in appropriate stone?

Are the lateral cast walls of the base properly trimmed and perpendicular to the deck (not beveled or tapered)?

Does the trimmed master cast follow the specifications/dimensions directly below?



Are the master cast surfaces sharp in detail (non-distorted) and free of voids and nodules?

Is the tongue space clean and smooth?

Have all critical areas such as rest seats, guide planes and edentulous landmarks been verified for adequacy and accuracy?

Are the tripod marks present (the only markings that should be on the master cast)?

If rotational (dual path) path, are 2 separate sets of tripod marks evident and distinguishable on the master cast?

Are the patient and dentist's last names and the word "master" written in indelible marker on the lateral walls of the base?

A. SPECIFIC SUBMISSION CHECKLIST FOR RPD FRAMEWORKS (continued)

4. Maxillo-Mandibular Relationship

Review materials reference as to articulation systems utilized by the ADL.

Is there a means of accurately relating maxillary and mandibular casts to one another?

If casts can be hand articulated, are vertical marks drawn to communicate this relationship?

When the casts are together, are they free from interferences such as heels touching or stone nodules on the occlusal surfaces?

If casts cannot be hand articulated, was a rigid, appropriately trimmed, interocclusal record and/or stable record base(s) utilized/enclosed?

If semi-adjustable articulator is used, are both casts properly indexed and attached to the mounting plates, with legible condylar settings written on both the DD Form 2322 and the mounting plaster?

Is semi-adjustable articulator included if other than current system utilized in the ADL?

5. Disinfection Procedures

Have all impressions, casts and enclosures been disinfected properly and annotated as such according to OSHA and ADA guidelines?

Failure to comply with above will lead to automatic rejection/return of case.

B. SPECIFIC CHECKLIST FOR DENTURES

1. Master Casts

Are the bases of the cast(s) properly indexed for laboratory remounting procedures?

Did you request plaster remount patties and facebow preservation (occlusal index)?

Did you create a posterior palatal seal?

2. Replacement Teeth

Did you indicate on DD Form 2322 tooth selection (mould) and shade? Are they congruent with current supply of replacement teeth in the ADL (see Product Line/Materials Reference)?

Did you supply the laboratory technician with adequate guidelines for tooth arrangement (midline, overjet, overbite, high and low lip line, etc.)?

Did you indicate the occlusal scheme desired i.e. balanced, lingualized, monoplane?

3. Acrylic

Did you select a type and shade of acrylic and annotate any special staining or characterization requests? Is the acrylic type and shade congruent with the current acrylic supply in the ADL?

C. SPECIFIC CHECKLIST FOR TREATMENT PARTIALS AND ORTHODONTIC RETAINERS

1. Design

Did you include the design in Block #15 on DD Form 2322 and on your master cast?

Did you indicate the desired clasp type, gauge of wire and their location as well as any other planned components?

Did you verify occlusion with opposing cast?

2. Replacement Teeth

If indicated, same as dentures above.

ADL NDCSW POLICY REGARDING "RUSH/PRIORITY" CASES

In lieu of the ever-changing mission of the military and in an effort to curtail the overwhelming number of requests for this service, it has become necessary to establish this policy and a set of rules/regulations regarding "Rush/Priority" case requests:

Definition:

"Rush/Priority" cases are defined as any case that must be fabricated and delivered to a military/civilian dentist by a specified date and time agreed upon (preferably in writing) and documented by both the requesting dentist and either the Lab Case Control Manager or the ADL Director, through direct contact (phone or in person) with the above parties. Technicians have no authority to grant "Rush/Priority" Cases. You will be given a "yes" or "no" response at the time of your request.

10 Simple Rules/Regulations:

- I. Rush/Priority cases are limited to "active duty" patients only.
- II. Maximum # of cases per dentist per month is 2 (except for 2 and 3 below).
- III. All preparatory work on the case must be completed before aforementioned case will be considered. No guarantee that the Direct Support Lab will be able to aid you with this, i.e. case must be "ready to wax".
- IV. ADL's Priorities (in descending order) regarding "Rush/Priority" cases:
 1. Patient Deploying
 2. Repairs
 3. Remake Due To Lab Error
 4. Treatment Timing Inter-discipline
 5. Pre-approved Comprehensive Patients of ACP/AEGD Residents
 6. VIP
- V. No other cases will be considered. This will require management at your individual practice level.
- VII. Do not make any promises to the patient that you cannot personally deliver.
- VIII. All requests/cases will be documented.
- IX. All cases submitted to the ADL are distributed depending upon the complexity of the case, the current case load and the individual technician's ability. Requests for a specific technician to perform such services cannot be guaranteed.
- X. If at all possible, cases requested to be "Rushed/Prioritized" will be done at the expense of other cases that the requesting dentist has in the ADL, so as not to delay the cases of other dentists already in production. Documentation will be provided.

Inability to follow these rules will lead to suspension/loss of this privilege.

All of the priorities listed in IV above directly support the primary mission of the Command, which is dental readiness. The ADL publishes monthly turnaround times (newsletter and website) for your scheduling needs, and most cases are completed far in advance of the individual dentist's/specialist's ability to make appointments as evidenced on the dates of the returned Quality Control Surveys.

ADL NDCSW PFM DESIGN OPTIONS

Refer to diagrams below when determining preference of metal framework and pontic designs.
If design does not exactly match one below, a drawing and clear written instructions are required.
Place letter and/or number of preferred designs in Block 26 on DD Form 2322.

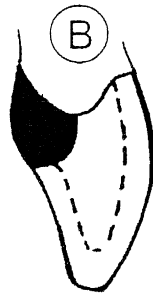
Example: FPD #4-6 minimum design information:

Retainer #4 Design G; Retainer #6 Design C; Pontic #5 Design H-2

RETAINER DESIGN



Occlusion in porcelain with narrow labial metal collar



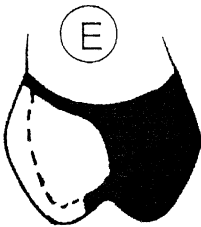
Occlusion in porcelain with porcelain labial margin



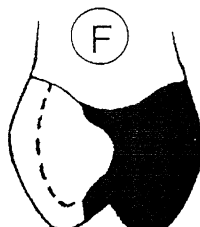
Occlusion in metal with porcelain labial margin



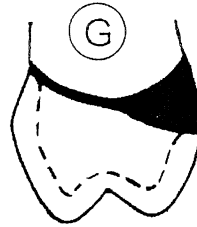
Occlusion in metal with narrow labial metal collar



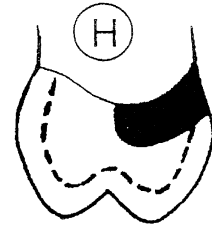
Buccal cusp & proximal contacts in porcelain with narrow metal collar



Buccal cusp & proximal contacts in porcelain with porcelain labial margin

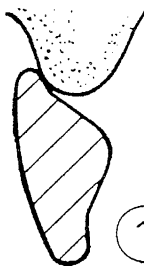


Occlusion in porcelain with narrow labial metal collar

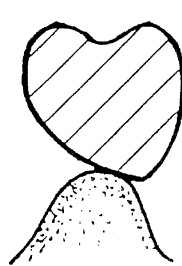


Occlusion in porcelain with porcelain labial margin

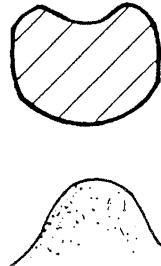
PONTIC DESIGN



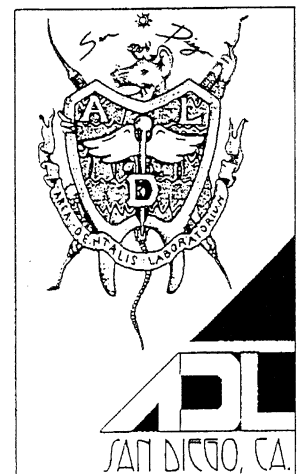
Anterior ridge-lap



Posterior ridge-lap



Hygienic



**ADL NDCSW
RPD GRID**

Must accompany DD Form 2322

Dentist Name: _____

Patient Last Name: _____

| TOOTH | REST | GUIDE PLANE | DIRECT RETAINER | UNDERCUT | INDIRECT RETAINER |
|-------|---------------|-------------|--------------------|----------------------|----------------------|
| # | type/location | location | type/location | degree(.01",.02"...) | type/location |
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MAJOR CONNECTOR

MAXILLARY ARCH

check box below

- ☐ A-P Strap
- ☐ Full Palatal Coverage
- ☐ Single Palatal Strap
- ☐ U-Shaped Palatal
- ☐ Other

MANDIBULAR ARCH

check box below

- ☐ Lingual Bar
- ☐ Linguoplate
- ☐ Other (specify)

SPECIAL INSTRUCTIONS

- ☐ Rotational (Dual) Path
- ☐ Indirect Resin Teeth/ #'s _____
- ☐ Other (specify)